2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# P02000055949

Entity Name: INTUITIVE SYSTEMS CORPORATION

Current Principal Place of Business:

2510 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Principal Place of Business:

2500 SOUTH MIAMI AVENUE
MIAMI, FL 33129

Current Mailing Address:

2510 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Mailing Address:

2500 SOUTH MIAMI AVENUE
MIAMI, FL 33129

FEI Number: 75-3060239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIARINI, ALESSANDRO
2510 SOUTH MIAMI AVENUE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

CHIARINI, ALESSANDRO
2500 SOUTH MIAMI AVENUE
MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 02/24/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CHIARINI, ALESSANDRO
Address: 2510 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHIARINI, ALESSANDRO
Address: 2500 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: VP ( ) Change (X) Addition
Name: SAENZ, ALEXANDRA
Address: 2500 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALESSANDRO CHIARINI P 02/24/2005
Electronic Signature of Signing Officer or Director — Date